

CERTIFICATE OF MAILING (37 CFR 1.10)

"Express Mail" No: EV 292619739 USDate of Deposit: August 26, 2003

I hereby certify that this transmittal together with the patent application referred to below is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Julie K. Lyons, Legal Assistant

Name of Person Mailing Paper

Signature Julie K Lyons

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL OF A NON-PROVISIONAL APPLICATION
Under 37 CFR 1.53(b)(1)

03970 U.S. PTO
10/647982
08/26/03

Sir:

Transmitted herewith for filing is the patent application entitled SINGLE NUCLEOTIDE POLYMORPHISMS DIAGNOSTIC FOR SCHIZOPHRENIA

- ☒ This application is being mailed by Express Mail under 37 CFR 1.10 and the required certificate appears above.
- ☐ The Oath or Declaration required under 37 CFR 1.63 is **being transmitted** with this application.
- ☒ The Oath or Declaration required under 37 CFR 1.63 is **not being transmitted** with this application pursuant to 37 CFR 1.53(f).
- ☒ A disk containing nucleotide and/or amino acid sequences in a computer readable format is attached. The contents of the sequence listing in the application is the same as the document on the disk. (37 CFR 1.821(f) and MPEP 2422.06)

The filing fee has been calculated as shown below:

	Total No. of Claims	No. of Claims Without Additional Fee	Excess Claims	\$ Rate	Fee
Total Claims Fee	56	20	36	x 18	648
Independent Claims Fee	2	3		x 84	0
Multiple Dependent Claim	0			x 280	0
Basic Fee					750
Total Filing Fee					\$ 1398

☒ **SPECIFIC DEPOSIT ACCOUNT AUTHORIZATION.** Please charge my Deposit Account No. **21-0718** in the amount of the total filing fee above. Triplicate copies of this sheet are enclosed.

☒ **GENERAL DEPOSIT ACCOUNT AUTHORIZATION.** The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or during the pendency of this application or credit any overpayment to Deposit Account No. **21-0718**.

- (1) Any additional filing fees or fees for the presentation of additional claims required under 37 CFR 1.16.
- (2) Any patent application processing fees under 37 CFR 1.17.

No authorization is given to charge the Issue Fee (37 CFR 1.18).

☐ **ASSIGNMENT RECORDAL DEPOSIT ACCOUNT AUTHORIZATION.** Please charge my Deposit Account No. **21-0718** in the amount of **\$40.00** for recordal for the attached assignment of the invention to Pharmacia & Upjohn Company. A separate cover sheet for assignment accompanying a new patent application is also attached.

This application is being made, or is authorized to be made, by the inventor(s) as set forth on the attached Inventor Information Sheet. The person or persons listed are believed to be the original, first and sole inventor (if only one name is listed on the attached Inventor Information Sheet) or original, first and joint inventor (if plural names are listed on the attached Inventor Information Sheet) of the subject matter which is claimed and for which a patent is sought.

The undersigned hereby requests that all correspondence in connection with this application be directed to

☒ the address associated with Customer Number



or

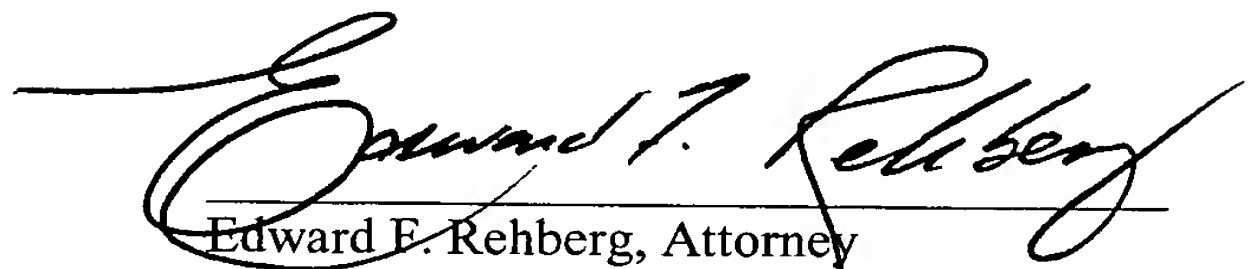
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PATENT AND TRADEMARK OFFICE

☐ the address below.

All telephone communications should be directed to the undersigned practitioner at the telephone number(s) indicated below.

Respectfully submitted,


Edward F. Rehberg, Attorney
Registration No. 34,703

Date: 8-25-03

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Enclosures:

- ☒ Patent Application
- ☐ Declaration (37 CFR 1.63) and Power of Attorney
- ☐ Assignment with Cover Page
- ☒ Disk containing Nucleotide and/or amino Acid Sequence Listing
- ☒ Return Post Card

INVENTOR INFORMATION SHEET

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